PTO/SB/21 (09-04)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE ork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** 10/634,206 **TRANSMITTAL** Filing Date August 5, 2003 First Named Inventor **FORM** Russell Powers, et al. Art Unit 3738 **Examiner Name** Brian E. Pellegrino (to be used for all correspondence after initial filing) Attorney Docket Number MSDI-196/P934.00 Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)											
V	Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declarate Extension of Time Requese Express Abandonment Reformation Disclosure State Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application	on(s)	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revoor Change of Corresponder Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table of Remarks	cation ce Address	After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Return Receipt Postcard						
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Date	February 28, 2	006		Reg. No.	45,431						
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FEE TRA	Filing Date	Augus	st 5, 2003								
For F	Y 2005		First Named Inv	entor Russe	ell Powers, et	al.					
Applicant claims small entit	v status. See 37 CFR	1.27	Examiner Name	Brian E. Pellegrino							
	Art Unit	3738	3738								
TOTAL AMOUNT OF PAYMEN	T (\$) 850.0	00	Attorney Docket	No. MSDI	MSDI-196/PC934.00						
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order None Other (please identify):											
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·	Small Entity		Small Entity	Sm	nall Entity						
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2. EXCESS CLAIM FEES Fee Description					Fee (\$)	Small Entity Fee (\$)					
Each claim over 20 (inclu					50	25					
Each independent claim o	200	100									
Multiple dependent claim		\	Doid (\$)		360	180					
<u>Total Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u> <u>Multiple Depende</u> - 20 or HP = 0 x 50.00 =											
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3. APPLICATION SIZE FEE											
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50											
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